



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ALLIED MEDICAL CENTERS
PO BOX 24809
HOUSTON TEXAS 77029

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

CALIFORNIA INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 06

MFDR Tracking Number

M4-11-4369-01

MFDR Date Received

July 28, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Attached are copies of the original submissions along with the fax confirmations that the carrier received these submissions. Clearly the filing time limit was met."

Amount in Dispute: \$1,937.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier did not submit a response to the DWC060 request. A copy of the DWC060 was placed in the insurance carrier representative box on August 1, 2011. The insurance carrier did not reply to the DWC060, therefore a findings and decision will be issued based on the information submitted to MFDR for review.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 7, 2010, October 11, 2010, October 12, 2010, October 13, 2010, October 14, 2010 and October 21, 2010	99203, 97113 and 97140	\$1,937.00	\$149.92

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline reimbursement for professional services.
3. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
4. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
5. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.

6. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated June 16, 2011
 - ANSI29 – The time limit for filing has expired.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?
3. Did the requestor bill for CPT codes that are in conflict with NCCI edits?
4. Did the requestor submit documentation to support the billing of the timed codes?
5. Is the requestor entitled to reimbursement for the disputed CPT codes?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.” No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that “Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.” 28 Texas Administrative Code §102.4(h) states that “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.”
 - Date of service October 14, 2010. Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.
 - Dates of service October 7, 2010, October 11, 2010, October 12, 2010, October 13, 2010 and October 21, 2010. Review of the submitted information finds documentation in the form of a fax confirmation to support that the medical bills for the above noted dates of service were submitted within 95 days from the date of service. Therefore, these disputed dates of service will be reviewed according to the applicable guidelines.
3. 28 Texas Administrative Code §134.203 states in pertinent part “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”
 - CCI edits were run to determine if edit conflicts exists.
 - Date of service October 7, 2010. The requestor billed CPT code 99213; no other CPT codes were billed on October 7, 2010. Therefore no edit conflicts were identified.
 - Dates of service October 11, 2010, October 12, 2010, October 13, 2010 and October 21, 2010. The requestor billed CPT codes; 97113 and 97140. No CCI edit conflicts were identified.
 - Therefore, the disputed charges will be reviewed according to provisions of 28 Texas Administrative Code §134.203.

4. 28 Texas Administrative Code §134.203 states in pertinent part “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”
- The requestor billed CPT codes 97113 and 97140 on October 11, 2010, October 12, 2010, October 13, 2010 and October 21, 2010. CPT codes 97113 and 97140 are reimbursed at 15 minute increments.
 - CMS requires that the total treatment minutes, including those minutes of active treatment reported under the timed codes and those minutes represented by the untimed codes, must be documented.
 - Review of the documentation submitted for review for each disputed date of service does not meet the documentation requirements for timed codes, as a result reimbursement cannot be recommended for CPT codes 97113 and 97140 rendered on October 11, 2010, October 12, 2010, October 13, 2010 and October 21, 2010.
5. 28 Texas Administrative Code §134.203 states in pertinent part, “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83... (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year...”
- Date of service, October 7, 2010, CPT code 99203. The requestor submitted sufficient documentation to support that the services were rendered as billed. Therefore reimbursement is recommended in the amount of \$149.92.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$149.92.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$149.92 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

May 23, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.